



Ob-gyns Warn Against Marijuana Use for Pregnant Women

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Washington, DC — Although roughly half of female marijuana users continue to use during pregnancy, evidence suggests that the drug may have a negative impact on fetal neurodevelopment. This is why in a Committee Opinion issued today, the American College of Obstetricians and Gynecologists (ACOG) is calling for ob-gyns to urge their patients who are pregnant or contemplating pregnancy to discontinue marijuana use.

Marijuana is the most commonly used illicit drug during pregnancy. The self-reported prevalence of marijuana use during pregnancy ranges from 2 percent to 5 percent, but increases to 15 percent to 28 percent among young, urban, socioeconomically disadvantaged women. Additionally, as a growing number of states legalize marijuana for medical and recreational purposes, there are concerns among health care professionals that its use by pregnant women could potentially increase.

In recommending that obstetrician-gynecologists counsel pregnant women on marijuana use cessation, the new committee opinion notes that studies suggest marijuana is dangerous to the fetus's development in a variety of ways. Data show that children who were exposed to marijuana in utero had lower scores on tests of visual problem solving, visual-motor coordination, and visual analysis than children who were not exposed to marijuana in utero. Additionally, prenatal marijuana exposure is associated with decreased attention span and behavioral problems. It also is an independent predictor of marijuana use by age 14. Other studies show that marijuana use may increase the likelihood of stillbirth and smaller birth lengths and head circumferences.

The new guidance also addresses marijuana use during lactation and pregnancy, acknowledging that although there are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, marijuana use during this time is discouraged.

Obstetrician-gynecologists are discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy and lactation. The Committee Opinion notes that marijuana is neither regulated or evaluated as a medicine by the U.S. Food and Drug Administration and there are no approved indications, contraindications, safety precautions, formulations, dosage or recommendations regarding its use during this time.

Joseph R. Wax, MD, Vice Chair of the College's Committee on Obstetric Practice, stated, "Our number one priority as ob-gyns is a safe outcome for mother and baby. Although we still need more research on the topic, the data we do have raises concerns regarding negative effects of marijuana on the growing fetus, and, because of this, we recommend that women not use marijuana during pregnancy." He continued, "Additionally, since the effects of marijuana on breastfed-infants is unknown, we recommend that women avoid using marijuana while breastfeeding."

Importantly, women who report that they are using marijuana while they are pregnant should be treated and counseled, not punished or prosecuted, the Committee Opinion emphasizes. Moreover, the recommendations urge that seeking care should not expose a woman to criminal or civil penalties. Drug enforcement policies that deter women from seeking prenatal care are contrary to the welfare of the mother and fetus.

Committee Opinion 637, "Marijuana Use During Pregnancy and Lactation" is published in the July issue of *Obstetrics & Gynecology*.